

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6509

CERTIFICATE OF DEATH

131a

Reg. Dist. No.

261

1. PLACE OF DEATH:

County SomersetCity or town Maryland Station

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? before

Hospital, institution, or street address where death occurred:

How long in hospital or institution? None

3. (a) FULL NAME

Mary E Adams

4. Sex

5. Color or race

Female White White

6. (b) Name of husband or wife

James J

7. Birth date of deceased (mo., day, yr.)

July 9, 1868

6. (c) If alive, give age years

8. AGE:

Years 79Months 10Days 25

If less than one day

hrs. 0min. 0

9. Birthplace

Somerset Md

(Town, county, and state)

10. Usual occupation.

Housewife

11. Industry or business

Sew

MOTHER FATHER

12. Name

Peter Adams

13. Birthplace

Md

14. Maiden name

Mary E Matheson

15. Birthplace

Md

16. Informant

Stanley Adams

Address

Maryland Md

17. Burial, cremation, or removal. Which?

Burial date June 6, 1948

(month) (day) (year)

Cemetery or crematory

St. Paul's

Location

Maryland Station Md

18. Funeral director

Howard & Sonington

Address

Baltimore Md

19. Date rec'd by registrar

June 6, 1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Maryland Station Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 4, 1948 at 9:57 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1, 1948 to June 4, 1948 and that I last saw her alive on June 4, 1948

Immediate cause of death

Cerebral Hemorrhage
acute deg. heart

Due to

My husband
Genuine Adams Adams

Due to

Cong. Det. myastheniaOther conditions Cong. myocarditis

DURATION

4 hrs

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

George G. Gullum M.D.

M. D. or other

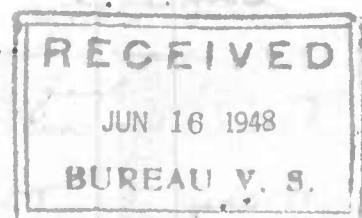
Address Maryland Station Md Date signed June 6, 1948M
The correct age

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6510

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County: SomersetCity or town: Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Bacon

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male Colored Married

Ella Bacon

6.(b) Name of husband or wife

John Bacon

7. Birth date of deceased (mo., day, yr.)

12-15-1868

6.(c) If alive, give age

64 years

8. AGE:

Years

Months

Days

If less than one day

hre. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

farmer

11. Industry or business

MOTHER FATHER

Frank Bacon

13. Birthplace

Somerset County, Md.

14. Maiden name

Frances Wilson

15. Birthplace

Somerset

16. Informant

Ella Bacon

Address

Princess Anne, Md.

17. Burial

Burial Date thereof 6-14-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

John Wesley

Location

Princess Anne, Md.

18. Funeral director

William H. James Jr.

Address

Princess Anne, Md.

19. (Date rec'd by registrar)

6/14/4819

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

June 11th 1948, at 1:40 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6-12-48 to 6-15-48 1945, to June 11th 1948and that I last saw him alive on June 11th 1948

Immediate cause of death

Cerebral hemorrhageDue to Hypertension

Due to

Other condition Chronic bronchitis

DURATION

11 Days

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Meane of injury

Injured at work?

23. SIGNATURE

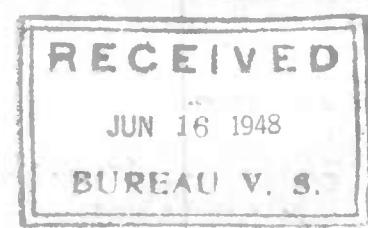
Eduard G. Johnson

D. or other

Address

Princess Anne, Md.

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6511

CERTIFICATE OF DEATH

Reg. Dist. No. 260

93d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH:

County

Somerset
Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Stephen Frank Dashell

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

widowed

8. (b) Name of husband or wife

7. Birth date of
deceased (mo., day, yr.)

Oct 29 1862

6. (c) If alive, give age years

8. AGE:

Years Months Days If less than one day

85-

hrs. min.

9. Birthplace

Dames Quarter, Somerset, Md.

(Town, county, and state)

10. Usual occupation

Insurance Broker

11. Industry or business

William F. Dashell

Weddingding, Md.

14. Maiden name

Annie White

15. Birthplace

Dames Quarter, Md.

16. Informant

Harry C. Dashell

Address

Princess Anne, Md.

17. Burial

Date thereof: June 14, 1948

(Burial, cremation, or removal? Which?)

(month) (day) (year)

Cemetery or crematory

St Andrews Cemetery

Location

Princess Anne, Md.

18. Funeral director

Dale Dashell

Address

Princess Anne, Md.

19. (Date rec'd by registrar)

1948

Rec'd by

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md. County

City or town

Princess Anne, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 12, 1948 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10, 1948 to June 12, 1948

and that I last saw him alive on June 11, 1948

Immediate cause of death

Myocardial Failure

DURATION

Due to

Ch. Myocarditis

Other condition

Generalized arteritis

Sclerosis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

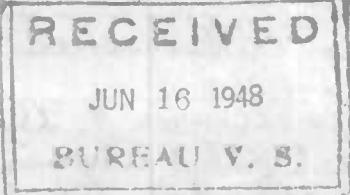
23. SIGNATURE

H. B. Wheeler, M.D. or other

Address

Princess Anne, Md. Date signed 6/14/48

16/



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM NO. G 117 SEP 16 1948 CERTIFICATE OF DEATH

6512

260

Reg. Dist. No. 260

1. PLACE OF DEATH:

County

Somerset, Princess Anne, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

Antioch Ave.

How long in hospital or institution?

3. (a) FULL NAME

Sarah Elizabeth Dryden

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Edward J. Dryden

7. Birth date of deceased (mo., day, yr.)

Oct. 8, 1865

6. (c) If alive, give age years

8. AGE:

Years Months Days If less than one day

92

93

8

7

hrs.

min.

9. Birthplace

Somerset County

(Town, county, and state)

None

10. Usual occupation

11. Industry or business

Burton Gibbons

12. Name

Burton Gibbons

13. Birthplace

Dublin, Md.

14. Maiden name

Elizabeth Parsons

15. Birthplace

Somerset Co.

16. Informant

Mrs. Stella Gordy

Address

Princess Anne, Md.

17. Burial

Date thereof

June 17, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Emmanuel Cemetery

Location

Princess Anne, Md.

18. Funeral director

Wilson Funeral Home

Address

Princess Anne, Md.

19. 6/17 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Somerset

City or town

Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 16, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

18.

19.

and that I last saw h. alive on

Immediate cause of death

Cessation of heart

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

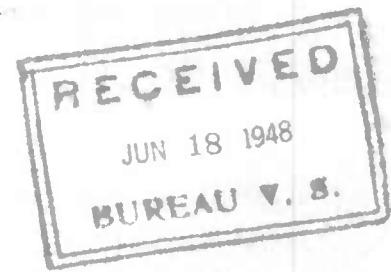
23. SIGNATURE

P. Smith

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH
LEADING INK. Supply every item of information carefully. In the correct
age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6513

47d
Reg. Dist. No. 265

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
County Somerset
City or town Crisfield (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, Institution, or street address where death occurred: McCreedy Hospital
How long in hospital or institution? 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
City or town RURAL Marion, Md. (If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war. _____

3.(a) FULL NAME

CLARENCE HALL

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Lottie Hall
6.(c) If alive, give age 45 years

7. Birth date of deceased (mo. day, yr.) October 24, 1897

8. AGE: Years	Months	Days	If less than one day
50	7	26	hrs. min.

9. Birthplace Marion, Somerset, Maryland
(Town, county, and state)

10. Usual occupation Chicken Raising

11. Industry or business
MOTHER FATHER

12. Name Alonza C. Hall
13. Birthplace Marion, Md.

14. Maiden name Roxie Bridgell
15. Birthplace Marion, Md.

16. Informant Lottie Hall
Address Marion, Md.

17. Burial Burial Date thereof June 22, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sunny Ridge Cemetery
Location Hopewell, Md.

18. Funeral director H. Harvey Bradshaw
Address Crisfield, Maryland

19. June 22, 1948 (Date rec'd by registrar) Nellie Dryden (Signature)
Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1948 at 7:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Mar. 1, 1947 to June 19, 1948 and that I last saw her alive on June 19, 1948.

Immediate cause of death Acute dilated heart. DURATION _____

Due to _____

Due to Cerebrum of R lung.

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations none Date of op. _____

Autopsy results Cerebrum of R lung.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE George C. Brummitt, M.D. M. D. or other _____

Address Marion, Md. Date signed June 21, 1948

RECEIVED

JUN 26 1948

BUREAU V. S.

RECEIVED

JUN 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6514

131a

265

CERTIFICATE OF DEATH

Reg. Dist. No. _____

1. PLACE OF DEATH:

County **Somerset**City or town **Crisfield**

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **50 years**

Hospital, institution, or street address where death occurred:

108 Chesapeake Avenue

How long in hospital or institution? _____

3. (a) FULL NAME

Mollie Elizabeth Howard

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female**White****Widowed**

6.(b) Name of husband or wife

John Ed. Howard

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo. day, yr.)

June 28, 1873

8. AGE:

Years **74**Months **11**Days **17**

If less than one day

hrs.

min.

9. Birthplace

Somerset County, Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER

12. Name **William Dykes Howard**13. Birthplace **Near Princess Anne Md.**

MOTHER FATHER

14. Maiden name **Hester A. Ford**

15. Birthplace

Marion Station, Md.

16. Informant

Mrs. Francis Howard

Address

108 Chesapeake Ave. Crisfield

17. Burial

Date thereof **June 17, 1948**

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

St. Pauls Cemetery

Location

Marion, Maryland

18. Funeral director

John A. Bradshaw

Address

Crisfield, Maryland

19. Date rec'd by registrar

June 17 48

Date rec'd by registrar

Grace E. Jones

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Somerset**City or town **Crisfield**

(If outside city or town limits, write RURAL and give nearest town)

Street No. **108 Chesapeake Avenue**

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 15 1948I CERTIFY that death occurred on the date above stated; that I attended deceased from **June 1 1948** to **June 15 1948**and that I last saw her alive on **1948** to **June 15 1948**

Immediate cause of death

Acute Dried Heart

Due to

Cerebral Hemorrhage.**Closure Out regular Classes reported****Years**

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of Injury

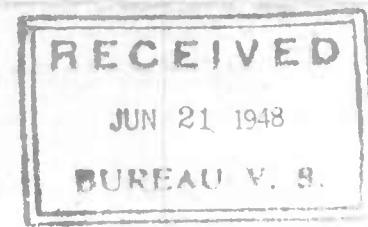
Injured at work?

23. SIGNATURE

George E. Bradshaw, M.D.

M. D. or other

Address **Marion, Md.** Date signed **June 17, 1948**



M PLEASE WRITE PLAINLY, WITHINADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6515

93d

CERTIFICATE OF DEATH

Reg. Distr. No. 260

1. PLACE OF DEATH:

County SomersetCity or town Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution? _____

3. (a) FULL NAME

Annie E. Jones

4. Sex

Female

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Princess E. Jones6. (c) If alive, give age 70 years

7. Birth date of deceased (mo. day. yr.)

Feb 12 1877

8. AGE:

71

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Wicomico Co., Md.

(Town, county, and state)

10. Usual occupation

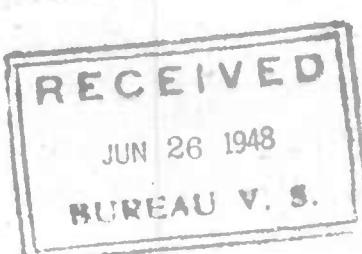
Housewife

11. Industry or business

None16 hours

MOTHER FATHER

None



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6516

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

Somerset

County

Crisfield

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

HELEN BEATRICE JONES

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

William McKinley Jones

7. Birth date of deceased (mo., day, yr.)

Month & Day Unknown 1906

6. (c) If alive, give age 48 years

8. AGE:

42

Years

?

Months

?

Days

If less than one day

hrs. min.

9. Birthplace

New Orleans,

(Town, county, and state)

10. Usual occupation

Seafood laborer

11. Industry or business

Crab & oyster industry

MOTHER FATHER

12. Name

John Cooper

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Wm. McKinley Jones

Address

9th St., Crisfield, Md.

17. Burial

Date thereof June 21, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Lawsonia Cemetery

Location

Crisfield, Maryland

18. Funeral director

John A. Bradshaw

Address

Crisfield, Maryland

19. June 21 1948
(Date rec'd by registrar)Janice E. Spire
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No. 9th Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 17 1948 a.m. 200 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1948 to June 17 1948 and that I last saw her alive on April 16 1948.

Immediate cause of death

Acute del & Heart

DURATION

Due to

Diseases of liver
T Pneumonia

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Normal

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

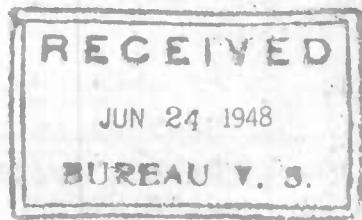
Injured at work?

23. SIGNATURE

Date signed June 21, 1948

M. D. or other

Address Dags Bluff Rd. Crisfield, Maryland Date signed June 21, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6517

CERTIFICATE OF DEATH

119a
Reg. Dist. No. 260

PLACE OF DEATH:

County: SomersetCity or town: Damascus Quarter

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months 21 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Joseph Morris Jones

4. Sex

male

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

.....

6. (c) If alive, give age

years

7. Birth date of deceased (mo. day, yr.)

March 23 1948

8. AGE:

Years	Months	Days	If less than one day
<u>2</u>	<u>21</u>	hrs.
.....	min.

9. Birthplace

Wicomico County, MD

(Town, county, and state)

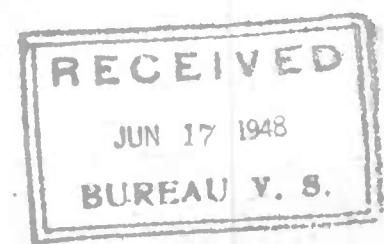
10. Usual occupation

11. Industry or business

Bertie Jones

MOTHER FATHER

Bertie JonesEtha JonesSomerset County, MDEtha JonesSomerset County, MDEtha JonesBurialBurial, cremation, or removal. Which?BurialBurial, cremation, or removal. Which?



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6518

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County SomersetCity or town Princess Anne, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Andrew Miles

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male Col. married

6. (b) Name of husband or wife Janie Miles

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age 45 years

Oct 28, 1891

8. AGE: Years 56 Months 7 Days 9 If less than one day

hrs. min.

9. Birthplace Somerset County

(Town, county, and state)

10. Usual occupation Carpenter11. Industry or business Self employed12. Name Thomas Barnes13. Birthplace Somerset14. Maiden name Jane Cropper15. Birthplace Somerset16. Informant Janie MilesAddress Princess Anne, Md.17. Burial Date thereof 67/10-48

(Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory Mt. CarmelLocation Princess Anne, Md.18. Funeral director William H. James Jr.Address Princess Anne, Md.19. (Date rec'd by registrar) 6/9/48

10

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County SomersetCity or town Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

Street No. Hampden Ave. Est.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 194821. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13 1947, to June 4 1948, and that I last saw him alive on June 7 1948.Immediate cause of death Hodgkin DiseaseDURATION 2 years

Due to

Due to

Other conditions

(Include pre-existing conditions within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

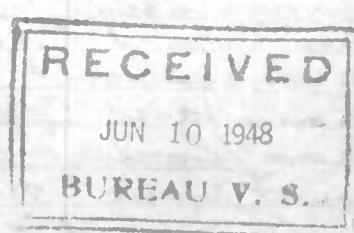
23. SIGNATURE Franklin W. Johnson

M. D. or other

Address Princess Anne Date signed 6/11/48

66-01-1681

6-L-29
8-L-1-2
1948-4-2



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6519

CERTIFICATE OF DEATH

265

Reg. Dist. No.

1. PLACE OF DEATH:

County: Somerset

City or town: Lanesburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 week

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Philip D. Olson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife: Ada S. Olson

7. Birth date of deceased (mo., day, yr.): July 23 1890

6. (c) If alive, give age years

8. AGE: Years: 57 Months: 10 Days: 24 If less than one day hrs. min.

9. Birthplace: Kansas (Town, county, and state)

10. Usual occupation: Music Instructor

11. Industry or business: State of Kansas

12. Name: Thomas D. Olson

13. Birthplace: Lanesburg

14. Maiden name: Emily Olson

15. Birthplace: Lanesburg

16. Informant: Ada D. Olson

Address: 438 W- 3rd St

17. Burial: Burial Date thereof: June 21, 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory: Highland

Location: Junction City, Kansas

18. Funeral director: Burial + Cremation

Address: 306 Main St

Date: June 16, 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Kansas

County:

City or town: Junction City

(If outside city or town limits, write RURAL and give nearest town)

Street No: 438 W- 3rd St

(If rural, give LOCATION)

2. (a) If veteran, name war: None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16

1948

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

Mas Dred when saw
and that I last saw deceased

Immediate cause of death: Coronary

Due to: Thrombosis

Other conditions: Died suddenly

Died suddenly

Other conditions: William H. Coulbourn, M. D.

(Include pre-

Major findings or operations: DEPUTY MEDICAL EXAMINER

FOR SOMERSET COUNTY, MD.

Autopsy results: Physician: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur: (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

Signature: Janice E. Spire

Address: 306 Main St

Date: June 16, 1948

I. D. or other

Address: 306 Main St

Date: June 16, 1948

I. D. or other

Address: 306 Main St

Date: June 16, 1948

I. D. or other

Address: 306 Main St

Date: June 16, 1948

I. D. or other

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Date: June 16, 1948

I. D. or other

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Date: June 16, 1948

I. D. or other

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Date: June 16, 1948

I. D. or other

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I. D. or other

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Address: 306 Main St

Date: June 16, 1948

I. D. or other

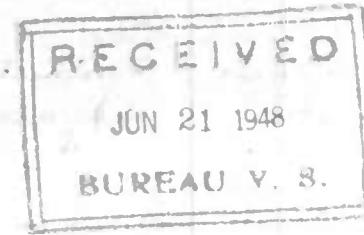
Address: 306 Main St

Date: June 16, 1948

I. D. or other

Address: 306 Main St

Date: June 16, 1948



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6520

CERTIFICATE OF DEATH

94a
Reg. Dist. No. 265

1. PLACE OF DEATH:

County: SomersetCity or town: Berwyn

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Womack Stevens

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MaleWhiteSingle

6. (b) Name of husband or wife

None

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

June 23, 1889

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Baltimore

(Town, county, and state)

10. Usual occupation

JanitorBaker

11. Industry or business

NoneBaking

MOTHER FATHER

12. Name

Womack

13. Birthplace

Baltimore

14. Maiden name

Unknown

15. Birthplace

Baltimore

16. Informant

Janice Bracken

Address

Berwyn, MD

17. Burial, cremation, or removal (Which?)

Burial

Date thereof

6/28/48

(month) (day) (year)

Cemetery or crematory

Berwyn, MD

Location

Berwyn, MD

18. Funeral director

Womack & Lawrence

Address

Berwyn, MD

19. Date rec'd by registrar

June 28, 1948

(Date rec'd by registrar)

Janice E. Spies

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: SomersetCity or town: Berwyn (If outside city or town limits, write RURAL and give nearest town)Street No. 204 Berwyn St (If rural, give LOCATION)2.(a) If veteran, name war: World War I

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 24, 1948 at 105 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4, 1948 to June 24, 1948 and that I last saw him alive on June 5, 1948.

Immediate cause of death

Coronary thrombosis

DURATION

131Due to Coronary artery atherosclerosis

Due to

Other conditions Bronchial asthma

10 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Cly Rawley M.D.

M. D. or other

Address: Cly Rawley, M.D. Date signed: 6/28/48

RECEIVED

JUL 1 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6521

112

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County

Somerset

City or town

Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

30 years

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

3. (a) FULL NAME

John Solum

4. Sex

5. Color or race

8. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

6. (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

April 11, 1900

8. AGE:

Years Months Days If less than one day

48 2 9 hrs. min.

9. Birthplace

(Town, county, and state)

Cumberland, Md.

10. Usual occupation

Laborer

11. Industry or business

Singer Solum

MOTHER FATHER

12. Name

Norway

13. Birthplace

Helena Wilson

14. Maiden name

Sweden

15. Birthplace

Mrs. Ernest Stacy

16. Informant

Princess Anne, Md.

Address

Burial

Date thereof

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Perryhawk Cemetery

Location

Somerset Co.

18. Funeral director

Wilson Funeral Home

Address

Princess Anne, Md.

6/22 1948

X. D. Johnson

Registrar

19. (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md. County Somerset

City or town

Princess Anne

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1948 at 8:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10th 1947 to June 20 1948and that I last saw him alive on June 18th 1948

Immediate cause of death

Emphysema

Due to

asthma

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Mrs. B. Whales

M.D. or other

Address

Princess Anne

Date signed 6/22/48

RECEIVED

JUN 24 1948

BUREAU V. S.